24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Freedom Partners Action Fund, Inc.				
	C C00564765			
Check if 24-hour report				
Full Name of Payee FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.	ate of Public Distribution/Dissemination			
Mailing Address 2200 WILSON BLVD.	06 01 2016			
STE. 102-533	mount			
City State Zip Code	1500.00			
D	ransaction ID : SE24.641 ate of Disbursement or Obligation			
Purpose of Expenditure DIGITAL MEDIA PRODUCTION Category/ Type	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Support Office So	ought: House District:			
KATHLEEN MCGINTY Oppose Pro	esident Senate State: PA			
Calendar Year-To-Date Per Election for Office Sought Disburse 2016	ment For: Primary			
Full Name of Payee FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.	Pate of Public Distribution/Dissemination			
Mailing Address 2200 WILSON BLVD.	01 01 2010			
STE. 102-533	mount			
City State Zip Code	15000.00			
	ansaction ID : SE24.770 late of Disbursement or Obligation			
Purpose of Expenditure TV/MEDIA PRODUCTION Category/ Type	07 / 29 / 2016			
Name of Federal Candidate Support Office S	ought: House District:			
KATHLEEN MCGINTY Oppose Pr	resident State: PA			
Calendar Year-To-Date Per Election for Office Sought Disburse 2016	ement For: Primary X General Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures	16500.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Thomas F. Maxwell III [Electronically Filed] Date Signature	01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	EXI END	TOTILO		PAGE 2 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Freedom Partners Action Fund, Inc.				C C00564765
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo	rt filed on	M / D D / Y D Y D Y
Full Name of Payee FREEDOM PARTNERS CHAMBER	OF COM	MERCE, INC.		of Public Distribution/Dissemination
Mailing Address 2200 WILSON BLVD.			Amou	07 31 2016
STE. 102-533				
1 '	State	Zip Code		1500.00
ARLINGTON	VA	22201		action ID: SE24.771 of Disbursement or Obligation
Purpose of Expenditure DIGITAL MEDIA PRODUCTION		Category/ Type		07 29 / 2016
Name of Federal Candidate		Support	Office Sough	t: House District:
KATHLEEN MCGINTY		X Oppose	Preside	DA
Calendar Year-To-Date Per Election for Office Sought		3517194.58	Disbursement 2016 Or	t For:
Full Name of Payee 1360				of Public Distribution/Dissemination
Mailing Address PO BOX 37046			Amou	07 31 2016 nt
City	01-1-	The Oads		005405.05
City BALTIMORE	State MD	Zip Code 21297		335105.25 ction ID : SE24.754 of Disbursement or Obligation
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE		Category/ Type		07 28 2016
Name of Federal Candidate		Support	Office Sough	t: House District:
KATHLEEN MCGINTY		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		3517194.58	Disbursemen 2016 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditures.			•	336605.25
(b) SUBTOTAL of Unitemized Independent Expenditur	es			
				4 4
(c) TOTAL Independent Expenditures			•	7 1 7 1 7 1
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its accommission.	or authorized			
Thomas F. Maxwell III Signature	[Electron	ically Filed] Date	08	01 2016
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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C 000564765			
rieedom Partners Action Fund, inc.	C C00564765			
Check if 24-hour report	M = M / D = D / Y = Y = Y			
	e of Public Distribution/Dissemination			
1360	07 31 7 2016			
Mailing Address PO BOX 37046 Amo	ount			
City State Zip Code	293637.00			
BALTIMORE MD 21297 Tran	nsaction ID : SE24.755 e of Disbursement or Obligation			
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL Category/ Type	07 / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Support Office Sough	ght: House District:			
KATHLEEN MCGINTY	ident State: PA			
Calendar Year-To-Date Per Election for Office Sought Disburseme 2016				
	Other (specify) of Public Distribution/Dissemination			
TWITTER INC.	e of Public Distribution/Dissemination 07 31 2016			
Mailing Address 1355 MARKET STREET Amo	07 31 2016 ount			
STE. 900				
	133.34 saction ID : SE24.001			
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL (Estimate) Category/ Type	e of Disbursement or Obligation			
Name of Federal Candidate	ght: House District:			
Support Office South	ght: House District: PA			
Calendar Year-To-Date Per Election for Office Sought 3517194,58 Disburseme	ent For: Primary			
(a) SUBTOTAL of Itemized Independent Expenditures	293770.34			
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Thomas F. Maxwell III [Electronically Filed] Date 08	01 2016			
Signature				

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OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	PAGE 4 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Freedom Partners Action Fund, Inc.	C C00564765
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee FACEBOOK, INC.	Date of Public Distribution/Dissemination
Mailing Address 1601 WILLOW ROAD	07 31 2016 Amount
City State Zip Code	100.00
MENLO PARK CA 94025	Transaction ID : SE24.002 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL (Estimate) Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	Sought: House District:
KATHLEEN MCGINTY Oppose	President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	rsement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
GOOGLE	07 31 2016
Mailing Address 1600 AMPHITHEATRE PARKWAY	Amount
City State Zip Code	100.00
MOUNTAIN VIEW CA 94043	Transaction ID : SE24.003 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL (Estimate) Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:
KATHLEEN MCGINTY Oppose	President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	rsement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	200.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	647075.59
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Thomas F. Maxwell III [Electronically Filed] Date 0	
Signature	